

PUBLIC DISCLOSURE COMMISSION 711 CAPITOL WAY RM 206 PO BOX 40908 OLYMPIA WA 98504-0908 (360) 753-1111 TOLL FREE 1-877-601-2828	PDC FORM L-5 <small>(Rev 1/09)</small>	P. 1 LOBBYING BY STATE AND LOCAL GOVERNMENT AGENCIES	
2020-08-31 3877			
Agency or Governmental Entity Name and Address FISH & WILDLIFE, DEPT OF 600 CAPITOL WAY N OLYMPIA WA 98501-1091	Date prepared 2020-08-31 County THURSTON	Report for calendar quarter ending JUN 2020 Month Year	
PERSONS WHO LOBBIED THIS QUARTER			
Name JEFF DAVIS	Job title DEPUTY ASSISTANT DIRECTOR, HABITAT	Annual salary \$108,100.0	% of time spent lobbying during quarter 0.58%
Bill/WAC number General description of lobbying activities or objectives OTHE NET ECOLOGICAL GAIN ADVISORY GROUP MEETING HOSTED BY REP DEBRA LEKANOFF OTHER			
<input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
Name TOM MCBRIDE	Job title LEGISLATIVE DIRECTOR	Annual salary \$108,150.0	% of time spent lobbying during quarter 0.19%
Bill/WAC number General description of lobbying activities or objectives OTHE OUTDOOR RECREATION ROUNDTABLE HOSTED BY REP CINDY RYU OTHER			
<input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
Name	Job title	Annual salary	% of time spent lobbying during quarter
Bill/WAC number General description of lobbying activities or objectives			
<input type="checkbox"/> Check if person spent more than \$15 of non-public funds in lobbying			
EXPENDITURES FOR LOBBYING THIS QUARTER Report only the separately identifiable and measurable expenditures incurred for lobbying purposes			
Salaries Of Persons Who Lobbied (Include only portion of quarterly salary attributable to lobbying)			\$207.91
Travel (Include food, lodging, per diem payments and cost of transportation used)			\$0.00
Brochures And Other Publications Whose Principal Purpose Is To Influence Legislation			\$0.00
Consultants Or Other Contractual Services			\$0.00
Total This Quarter			\$207.91
Total To Date This Year			\$0.00
CERTIFICATION: I certify that to the best of my knowledge the above is a true, complete and correct statement in accordance with RCW 42.17.190.		Name of employee completing report NELSON FALKENBURG	
Signature of agency head KELLY SUSEWIND		Work telephone Number 360-902-2449 Work E-mail NELSON.FALKENBURG@DFW.WA.GOV	